



**Grŵp Meddygol  
Ystwyth  
Medical Group**

www.ystwythmedicalgroup.co.uk

Parc y Llyn  
Aberystwyth  
Ceredigion  
SY23 3TL

01970 613500

contact.w92025@wales.nhs.uk

## **Welcome to Ystwyth Medical Group**

**You will need to upload a digital picture of your signature to these forms.**

You can do this by saving a picture of your signature and then adding the picture to the form.

**Once you have completed these forms, please email them to  
contact.w92025@wales.nhs.uk**

- **We may have asked you for proof of address.** We will contact you if we require proof of address.
- **If you are on any repeat medication,** we will need to have received your medical history from your previous GP before we can issue more. You can help speed this by sending the white repeat slip in with your registration pack.
- **If you are a foreign national,** please ensure you complete the date you first came to UK and the GP you have previously registered with. If you are registering with a GP in the UK for the first time you need a valid visa (work, student) and have paid the 'Immigration Health Surcharge' (IHS). Please send us a copy of your visa and proof that you have paid the 'Immigration Health Surcharge' (IHS).

**Please allow up to 2 working days for your registration to be processed.**

Thank you.

General Practitioner Partners  
Dr Steffi Grahl, Dr Ahmed Ellaban  
General Practitioners

Dr Gail S Davies, Dr Sarah Wright, Dr Nicholas Cooper, Dr Andrew Bates, Dr Kate Santer, Dr Natalie Harper



# Cofrestru gyda gwasanaethau meddyg teulu

## Family doctor services registration

GMS1W

### Manylion y claf

#### Patient's details

Cwblhewch y rhan hon mewn PRIF LYTHRENNAU a thiciwch y blychau lle bo'n briodol ☒  
Please complete in BLOCK CAPITALS and tick as appropriate ☒

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Cyfenw  
Surname

Dyddiad geni  
Date of birth

Enwau cyntaf  
Forenames

Rhif  
GIG  
NHS No.

Cyfenw(au) blaenorol  
Previous surname/s

Adnabyddir fel  
Known Name

☐ Gwryw  
Male ☐ Benyw  
Female

Tref a gwlad eich geni  
Town and country of birth

Enw'ch mam cyn priodi  
Mothers Maiden Name

Cyfeiriad presennol  
Current address

Cod Post  
Postcode

Rhif ffôn  
Telephone number

### Helpwch ni i olrhain eich cofnodion meddygol blaenorol drwy ddarparu'r wybodaeth ganlynol

#### Please help us trace your previous medical records by providing the following information

Eich cyfeiriad blaenorol yn y DU, pan oeddech wedi'ch cofrestru gyda meddygfa meddyg teulu  
Your previous address in the UK, whilst registered with a GP surgery

Enw'ch meddyg blaenorol pan oeddech yn y cyfeiriad hwnnw  
Name of previous doctor while at that address

Cyfeiriad eich meddyg blaenorol  
Address of previous doctor

Cod Post  
Postcode

### Os ydych o dramor

#### If you are from abroad

Eich cyfeiriad cyntaf yn y DU lle roeddech wedi cofrestru gyda meddyg teulu  
Your first UK address where registered with a GP

### Ydych chi erioed wedi cofrestru â Meddyg Teulu y GIG yn y DU?

#### Have you ever registered with a NHS GP in the UK?

☐ Ydw  
Yes

☐ Nac Ydw  
No

Os oeddech yn arfer byw yn y DU, dyddiad gadael  
If previously resident in the UK, date of leaving

Y dyddiad y daethoch gyntaf i fyw yn y DU  
Date you first came to live in UK

### Ydych chi erioed wedi gwasanaethu fel aelod o luoedd arfog ei mawrhydi?

#### Have you ever served in HM Armed Forces?

☐ Ydw  
Yes

☐ Nac Ydw  
No

### Os ydych yn dod yn ôl o'r Lluoedd Arfog

#### If you are returning from the Armed Forces

Cyfeiriad cyn ymrestru  
Address before enlisting

Dyddiad ymrestru  
Enlistment date

Dyddiad gadael  
Discharge date

Rhif gwasanaeth neu bersonél, Rhif BFPO  
Service or Personnel number, BFPO Number

### Os oes angen i'ch meddyg weinyddu meddyginiaeth a theclynnau meddygol\*

#### If you need your doctor to dispense medicines and appliances\*

\* Nid oes awdurdod gan bob meddyg i weinyddu meddyginiaeth  
\* Not all doctors are authorised to dispense medicines

☐ Rwy'n byw mwy na milltir mewn llinell syth oddi wrth y fferyllydd agosaf  
I live more than 1 mile in a straight line from the nearest chemist

☐ Byddai'n anodd dros ben i mi gael gafael arnynt gan fferyllydd  
I would have serious difficulty in getting them from a chemist

### Eithrio o Gofnod Iechyd Unigol y GIG

Rwy'n dymuno eithrio o'r Cofnod Iechyd Unigol ac atal staff meddygol sy'n darparu gofal brys rhag gweld fy ngwybodaeth feddygol allweddol. Rwyf wedi derbyn digon o wybodaeth i wneud dewis gwybodus ac rwy'n cydnabod y gallai eithrio fel hyn amharu ar fy ngofal iechyd. Mae rhagor o wybodaeth ar gael yn [www.wales.nhs.uk/cofnodiechydunigol](http://www.wales.nhs.uk/cofnodiechydunigol) neu drwy ffonio Galw Iechyd Cymru ar 0845 46 47

### NHS Individual Health Record Opt Out

I want to opt out of the Individual Health Record and prevent emergency care medical staff being able to access my key medical information. I have received enough information to make an informed decision and I acknowledge that opting out could be detrimental to my healthcare. Further information is available by visiting [www.wales.nhs.uk/individualhealthrecord](http://www.wales.nhs.uk/individualhealthrecord) or by calling NHS Direct on 0845 46 47

☐ Ticiwch y blwch yma os hoffech chi dderbyn gohebiaeth oddi wrthym yn y Gymraeg

Please tick this box if you wish to receive correspondence from us in Welsh

☐ Llofnod y claf  
Signature of patient

☐ Llofnod ar ran y claf  
Signature on behalf of patient

Dyddiad  
Date

Gweler trosodd ynghylch rhoi organau  
Please see overleaf re: Organ donation



# Cofrestru gyda gwasanaethau meddyg teulu Family doctor services registration

GMS1W



I'w gwblhau gan y meddyg

To be completed by the doctor

Enw'r Meddyg  
Doctors Name

Cod HB  
HB Code

- ☐ Rwyf wedi derbyn y claf hwn ar gyfer gwasanaethau meddygol cyffredinol  
I have accepted this patient for general medical services
- ☐ Rwyf wedi derbyn y claf hwn ar gyfer gwasanaethau meddygol cyffredinol ar ran y meddyg isod sy'n aelod o'r feddygfa hon  
I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Enw'r Meddyg, os yw'n wahanol i'r uchod  
Doctors Name, if different from above

Cod HB  
HB Code

- ☐ Byddaf yn gweinyddu meddyginiaethau/teclynnau meddygol i'r claf hwn yn amodol ar Gymeradwyaeth yr Awdurdod Iechyd  
I will dispense medicines/appliances to this patient subject to Health Board Approval

*Rwyf yn datgan bod yr wybodaeth hon, hyd y gwn i, yn gywir.  
I declare to the best of my belief this information is correct.*

Llofnod Awdurdodedig  
Authorised Signature

Enw  
Name

Dyddiad \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date

Stamp y Feddygfa  
Practice Stamp



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### **Practice/Patient Contract**

At Ystwyth Medical Group, we try to provide optimal care for our patients. This document details how we wish to work together with our patients to provide this. Please read and sign this document.

#### **Opening hours:**

We are open from 8 a.m. until 6.30 p.m. Monday to Friday, excluding bank holidays. The Out-of-hours Service can be contacted by ringing 111.

#### **Contact:**

It is important that you ensure your contact details are up-to-date at all times. You can update your details via the website or using a form from reception. You can give us permission to contact you with information or reminders via SMS text and also give a third party permission to speak on your behalf and/or collect documents for you.

#### **Appointments:**

Appointments may be made with the clinicians in advance, but there are some urgent appointments available "on the day". If you are acutely unwell, we will always try to fit you in, but it may not be with the practitioner of your choice. When you ring, the receptionists will ask you for a brief description of the problem so that they can direct you to the correct clinic.

You may book for specific clinics (e.g. phlebotomy, asthma, diabetes) in advance. There may be a delay in booking routine appointments for some clinics or practitioners when there is a heavy demand. All the GPs, practitioners and pharmacists provide telephone consultations. Many patients find these more convenient than face-to-face consultation, particularly for follow-up. Please note that, because of workload, we cannot promise to phone at a specific time.

A number of appointments are available via the NHS Wales App, details can be found in your registration pack.

eConsult can be used to request routine advice from the doctor, obtain self help information, or for administrative requests, such as sick notes or letters. The link is on our website.

#### **Cancelling appointments:**

Please tell us as soon as possible if you need to cancel an appointment so that another patient can use it.

#### **Late attendance:**

Please ring us if you are likely to be late so that we can try to accommodate you. If patients arrive late it can mean that the whole clinic runs very late. You may be asked to wait until the end of the clinic or to re-book.

#### **Home visits:**

These are only for patients who are housebound and have no possibility of getting to the surgery. Please request before 11.00 a.m. except in emergency. The receptionist will require some basic details of the need for a home visit in order to prioritise it. You may be telephoned by a clinician prior to being visited by a GP or the practice nurse practitioner. We aim to perform all home visits between 12.00 and 15.00.

#### **Test results:**

Please ring between 2-4pm and select option 4 'Test Results'.

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Dr Steffi Grahl, Dr Ahmed Ellaban  
General Practitioners

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**Repeat and acute prescriptions:**

We are not allowed to take requests for prescriptions over the phone.

Requests can be made using the re-order form and left in the repeat prescribing box at the surgery, via local pharmacies, by post, or via the NHS Wales App.

Repeat prescription requests take 72hrs from a pharmacy. Requests for acute medications may take longer.

You can ring the prescribing clerks if you have any queries by dialling the surgery number and selecting option 2 'prescription queries'.

**Prescribing drugs of addiction:**

All the local practices are working together to reduce prescribing these medications as required by the Medicines Management Team of the Local Health Board and the Medicines and Healthcare products Regulatory Authority. The medications include diazepam, sleeping pills, opiate painkillers and gabapentinoids. The doctors and pharmacists will discuss with you how we plan to reduce this area of prescribing. We may need to amend your current medications when you register if they do not comply with our prescribing guidelines.

**Expected behaviour:**

The Practice supports the government's 'Zero Tolerance' policy for NHS Staff. We aim to give optimal care, kindness and consideration to our patients, and our staff have a right to care for others without fear of being attacked or abused. We understand that contacting your GP can at times be stressful and concerning for patients, and will take this into consideration when trying to deal with a misunderstanding or complaint.

However aggressive, abusive or violent behaviour, or any abuse of our services, will not be tolerated under any circumstances. This behaviour may result in you being removed from the Practice list and the Police being contacted. Examples of unacceptable behaviour include;

- Any physical violence
- Verbal abuse in any form including verbal insults, bad language or swearing
- Racial abuse or sexual harassment
- Persistent or unrealistic demands that cause stress to staff will not be accepted. Requests will be met wherever possible and explanations given when they cannot
- Causing damage or stealing
- Obtaining drugs and/or medical services fraudulently

**Complaints Procedure:**

Should you be dissatisfied with the service we offer; please contact our practice manager Mrs R Copeland to discuss matters. Information about "Putting things right", our complaints procedure, is available on our website, or from reception.

I have read this contract and agree with the above

Patient signature		Date
Practice signature	Dr Grahl, Senior Partner	

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General Practitioners

Dr Gail S Davies, Dr Sarah Wright, Dr Nicholas Cooper, Dr Andrew Bates, Dr Kate Santer, Dr Natalie Harper



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**Consent for someone to collect for you**  
**Consent for someone to speak for you**

I consent to the following person(s) collecting the below (please tick as appropriate) on my behalf:

<input type="checkbox"/>	Prescriptions
<input type="checkbox"/>	MED3 forms (sick notes)
<input type="checkbox"/>	Documentation being provided to me by the practice

I consent to the practice speaking with the person(s) named below about:

<input type="checkbox"/>	All my health needs
<input type="checkbox"/>	My medication
<input type="checkbox"/>	My test results
<input type="checkbox"/>	The following specific information (please add clear instructions):

Name	Relationship	Contact Details

Patient signature

Date

*If you wish to change these instructions, please contact the Practice.*

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Dr Steffi Grahl, Dr Ahmed Ellaban  
General Practitioners

Dr Gail S Davies, Dr Sarah Wright, Dr Nicholas Cooper, Dr Andrew Bates, Dr Kate Santer, Dr Natalie Harper



### **New Patient Questionnaire**

This form may assist us to provide good care while we wait for your previous medical records. We may contact you to offer support or advice based on your submission. **Thank you for completing this form.**

<b>1) Contacting you</b>	<b>YES</b>	<b>NO</b>
Preferred Language: English / Welsh / Other (Please specify)		
Email address:		
Mobile (if aged 16 and over):		
Do you have any communication/information needs relating to sensory loss and, if so, what are they and how would you like us to communicate with you?	<input type="checkbox"/>	<input type="checkbox"/>
We have an electronic method of contact available for patients to contact the surgery for non urgent requests – do you consent for us to correspond with you via this method and supply us with a preferred e-mail address for this purpose?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent to the practice contacting you by text message for appointment reminders, invitations to health checks, vaccination reminders, to let you know that your prescription or your sick note is ready for collection and anything else relevant to your healthcare?	<input type="checkbox"/>	<input type="checkbox"/>

  

<b>2) About you</b>	<b>YES</b>	<b>NO</b>
Do you need/have anyone who looks after you or your daily needs as Carer?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, would you like them to deal with your health affairs here?	<input type="checkbox"/>	<input type="checkbox"/>
Do you care for anyone else?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a family member of someone currently serving in the British Armed Forces?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a student at Aberystwyth University?	<input type="checkbox"/>	<input type="checkbox"/>
Marital status:		
Ethnicity:		
<b>Asian, Asian Welsh or Asian British</b> Indian Pakistani Bangladeshi Chinese Any other Asian background	<b>Black, Black Welsh, Black British, Caribbean or African</b> Caribbean African Any other Black, Black British or Caribbean background	<b>Mixed or multiple ethnic groups</b> White and Black Caribbean White and Black African White and Asian Any other Mixed or multiple ethnic background
	<b>White Welsh, English, Scottish, Northern Irish or British</b> Irish Gypsy or Irish Traveller Any other White background	<b>Other ethnic group</b> Arab Any other ethnic group
Details of Next of Kin		
Name:		
Contact Number/s:		
<b>FOR UNDER 12s</b>		
Parent or Guardian's full name:		
Full address and contact number if different to that of the child:		

  

<b>3) Medications</b>	<b>YES</b>	<b>NO</b>
If you are issued a prescription, we can send it to a local pharmacy for you to collect. Please select your <b>one</b> preference for collection; <b>Borth / Boots Aberystwyth / J.Hoots / Morrisons / Talybont / Well</b>		
Are you on any repeat medication?	<input type="checkbox"/>	<input type="checkbox"/>
If yes please give details:		



4) Past Medical History	YES	NO
Do you / or have you ever had any of the following?		
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Heart condition / problem	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Chronic bronchitis or emphysema	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Depression or mental health issues	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
High Blood pressure (Hypertension) on medication	<input type="checkbox"/>	<input type="checkbox"/>
Low thyroid status (hypothyroidism) on medication	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently seeing a hospital consultant? <i>If yes please give details:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any allergies? <i>If yes please give details:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Have you received a blood transfusion prior to 1996? <i>If yes please give details:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Any other health information:		

  

5) Family History	YES	NO
Is there any of the following in your family ( <i>father, mother, brother, sister</i> ) before the age of 65? Please specify which relative		
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Cancer, if Yes site	<input type="checkbox"/>	<input type="checkbox"/>

  

6) Lifestyle	YES	NO
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>
Do you vape?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If you smoke or vape, how many tobacco products per day?</i>		
Are you an ex smoker? <i>If Yes when did you stop?</i>	<input type="checkbox"/>	<input type="checkbox"/>
How many units of alcohol do you drink a week? <i>A standard bottle of wine = 10 units. A 175ml glass = 2 units. Single small shot of spirits (25ml) = 1 unit. Pint of 4.5% strength lager/beer/cider = 2.5 units.</i>		
What is your height?		
What is your weight?		





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**Immunisation History**

	Date – 1 <sup>st</sup> Dose	Date – 2 <sup>nd</sup> Dose	Date – 3 <sup>rd</sup> Dose	X if given in UK
Tuberculosis (BCG)				<input type="checkbox"/>
Diphtheria/tetanus/pertussis/polio/ Hib (5in 1) OR				<input type="checkbox"/>
Diphtheria/tetanus/pertussis/polio/ Hib/ Hep B (6 in 1)				<input type="checkbox"/>
Pneumococcal (PCV)				<input type="checkbox"/>
Meningitis B				<input type="checkbox"/>
Measles Mumps Rubella (MMR)				<input type="checkbox"/>
Hib/Men C				<input type="checkbox"/>
Diphtheria/Tetanus/pertussis/Polio (pre school booster)				<input type="checkbox"/>
Human papillomavirus (HPV)				<input type="checkbox"/>
Meningococcal ACWY (Men acwy)				<input type="checkbox"/>
Tetanus/ Diphtheria /Polio				<input type="checkbox"/>
COVID				<input type="checkbox"/>
Other vaccinations				<input type="checkbox"/>

Any additional information:

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Thank you

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